



## **Environmental Management Consolidated Business Center (EMCBC)**

### **Subject: Health and Fitness Program Description**

Program Description

APPROVED: (Signature on File)

EMCBC Director

ISSUED BY: Office of Finance Management

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#### **1.0 PURPOSE**

To establish the Environmental Management Consolidated Business Center (EMCBC) voluntary health and fitness program to promote the health and physical fitness of employees.

#### **2.0 SCOPE**

This program is established in recognition that certain fitness activities lead to a healthier and more productive employee. Employee participation requirements are voluntary and outlined in this Program Description. It will provide EMCBC employees an opportunity to have a portion of one (1) individual general membership to a health and fitness facility that meets the criteria outlined in the Requirements section below, paid for by the DOE. Although EMCBC may indirectly benefit from employee participation in the EMCBC health and fitness program, it is not an activity involving the performance of official work duties.

#### **3.0 REQUIREMENTS**

- 3.1 DOE Order 3790.1B, Chapter VIII, Federal Employee Occupational Medical Program, paragraph 1.b. 01/07/01. "Assist employees in maintaining or improving their health."
- 3.2 5 USC Section 7901, Health Service Programs, "The head of each agency or the Government of the United States may establish, within the limits of appropriations available, a health service program to promote and maintain the physical and mental fitness of employees under her/his jurisdiction."
- 3.3 31 USC Section 1341, Anti-Deficiency Act

#### **4.0 DEFINITIONS**

- 4.1 Health and Fitness Facility: A facility which meets the requirements for approval for the EMCBC health and fitness program is one which provides bona fide preventive health program services and activities, such as: screening for health risks; cardiovascular endurance equipment/activities; flexibility equipment and activities; equipment orientations; fitness evaluations; and exercise plans. Further, such a facility should include basic features such as shower and locker room facilities, and appropriate mechanisms or procedures to minimize the possibility of personal injury. If available at

- no additional cost, the facility may include swimming pools, instructional and education services, weight management and fitness testing. A facility that only provides the employee with access to sports activities such as skiing, rock climbing, martial arts, bowling, golf, equestrian activities, cycling, recreational swimming, water aerobics, yoga, weight loss, aerobics, flying lessons, fishing or hunting, recreational licenses or fees, or occasional participation in sports tournaments, does not meet the requirements.
- 4.2 General Membership Costs to be Covered: Payments provided for in this Policy are dependent upon Congress making the necessary appropriations for the each fiscal year. Within these budgetary constraints, EMCBC will reimburse a participating employee annually for 100%, up to \$200.00, of one (1) general individual membership. The program will be conducted on a fiscal year basis with employees being reimbursed on a semiannual and/or annual basis.
- 4.3 Costs Not Covered: The EMCBC will not reimburse a participating employee for any additional costs to be incurred by the participating employee such as the difference between an individual membership and a family membership, court fees, sports equipment, or professional fitness training, assistance, or classes not provided for under the general membership.

## 5.0 RESPONSIBILITIES

- 5.1 EMCBC Director – will authorize the EMCBC Health and Fitness Policy.
- 5.2 EMCBC Health and Fitness Administrator – will review and approve all EMCBC Health and Fitness Policy Application Forms and submit forms for reimbursement.
- 5.3 Each EMCBC employee is eligible for the fitness program and is responsible for obtaining his/her own membership in an approved health club/fitness center. Applications for participation will be accepted at anytime throughout the year and reimbursement will cover the entire participation period. However, initial reimbursement will be made following the participation at a facility for 6 months or more at a usage period (i.e., an employee joining in June will be reimbursed for 11 months the following May). Usage periods are defined as May 1 through October 31 and November 1 through April 30. See Attachment A for EMCBC Health and Fitness Application Form.
- 5.3.1 Because the government is providing a reimbursement, the employee must submit proof of payment with his/her submitted vouchers to the EMCBC Health and Fitness Administrator in order to receive reimbursement for membership fees up to \$200 per year. The amount of \$200 is a maximum amount payable for reimbursement of a one year membership in a fitness program at an approved facility and payment will be made at six month intervals. The government will only reimburse for the cost of the employee's fitness program. If the employee elects to obtain a family membership, the fitness center must provide documentation regarding how much of the total cost or fee for the family represents the employee's membership portion. See Attachment B for Reimbursement Voucher for Employee Fitness Program.

- 5.4 The EMCBC Health and Fitness Administrator will review submitted vouchers at the end of the first and each subsequent six-month usage period. The EMCBC Health and Fitness Administrator will process the submitted vouchers through the Finance Department for reimbursement.
- 5.5 Reimbursement is contingent on the employee certifying that he/she utilized the health club/fitness center facilities an average of at least once a week (i.e., minimum 26 times during a usage period). See Attachment B for Reimbursement Voucher for Employee Fitness Program. In the event that, due to unforeseen circumstances, the employee is not able to utilize his/her membership for the prescribed number of times in a usage period, he/she should notify the EMCBC Health and Fitness Administrator for evaluation of the situation.
- 5.6 An employee terminating employment forfeits his/her participation and any reimbursement for the usage period in which the termination occurs.
- 5.7 Employees will submit request for reimbursement at the end of each six months usage period during reimbursement periods of May 1-15 and November 1-15 of each year.
- 5.8 Employees agree to consult a physician and/or undergo a health/fitness assessment in order to determine an appropriate exercise program.

#### 6.0 GENERAL INFORMATION

- 6.1 An approved health and fitness facility must meet the definition outlined above and cannot be used to offset such things as homeowners association dues or country club memberships.
- 6.2 Health and fitness facility fees paid for by EMCBC are considered a taxable benefit. The total of those payments made by EMCBC will be reflected on the annual Wage and Tax Statement and the employee will be subject to tax on those amounts.

#### 7.0 PROCEDURE

- 7.1 Staff member will down load policy from the EMCBC Services Short Cut on their desktops.
- 7.2 Read the policy and fill out the Health and Fitness Application Form and the Reimbursement Voucher for Employee Fitness Program.
- 7.3 Provide proof of annual individual membership, the completed forms and a signed membership contract if appropriate to the Program Administrator.
- 7.4 The Program Administrator will approve or deny the request.
- 7.5 The Program Administrator will process through the Finance Department for reimbursement.

## 8.0 RECORDS MAINTENANCE

All Application Forms and Reimbursement Vouchers will be maintained by the Program Administrator and filed in the Office of the Director Files.

## 9.0 FORMS USED

9.1 PD-340-01-F1, EMCBC Health and Fitness Application Form – (Attachment A)

9.2 PD-340-01-F2, Reimbursement voucher for Employee Fitness Program – (Attachment B)

## 10.0 ATTACHMENTS

10.1 Attachment A - PD-340-01-F1, EMCBC Health and Fitness Application Form

10.2 Attachment B - PD-340-01-F2, Reimbursement Voucher for Employee Fitness Program

**EMCBC Health & Fitness Application Form**

I understand the Environmental Management Consolidated Business Center (EMCBC) will pay the fees as outlined in (EMCBC Health & Fitness Policy) or subsequent version. I am personally responsible for additional fees, including family memberships, and food supplements.

I also understand that: (1) health and fitness facility fees paid for by EMCBC are considered a taxable benefit; (2) the total of those payments made by EMCBC will be reflected on the annual W-2, Wage and Tax Statement; and (3) I will be subject to tax on those amounts.

**WAIVER/INDEMNIFICATION:** I hereby agree to abide by all the rules and regulations that govern the use of a health and fitness facility and/or weight management program. I agree that my membership to a health and fitness facility is voluntary and is for my direct personal benefit. Although EMCBC may indirectly benefit from my membership, my participation in the EMCBC health and fitness program is not an activity involving the performance of my official work duties.

I agree that neither the United States Government, EMCBC, nor any of their staff shall be liable for any personal harm, injury, or death that may occur to me or any other person or entity as a result of my use of the facilities, equipment, exercise activities, or diet including but not limited to any injury that may be sustained as a result of ill health or pre-existing defect.

I further agree to indemnify and hold harmless the United States Government, EMCBC, or their agents and employees from any claims, demands, and causes of action of every kind and character on account of bodily injuries, death, or damage to, or loss of property arising out of or in connection with my membership to a health and fitness facility.

I hereby release and hold harmless my fitness counselor(s) and all sponsoring agencies and their employees from responsibility for any injuries and/or illnesses I may receive as a result of participation in this program.

I acknowledge and agree that I should consult a physician and/or undergo a health/fitness assessment in order to determine an appropriate exercise for me, and that I assume all responsibilities for obtaining such health/fitness assessment prior to joining a health and fitness facility.

10. I UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.  EMPLOYEE SIGNATURE:	11. WORK PHONE NO:	12. DATE
NAME AND ADDRESS OF PROPOSED HEALTH AND FITNESS FACILITY: (Attach general information brochures, cost outlines, facility capability statements, and sample contract.)		
HEALTH & FITNESS ADMINISTRATOR I certify that the above employee has complied with the conditions and requirements as stated in EMCBC Health & Fitness Policy.		
SIGNATURE:	DATE:	

**EMCBC REIMBURSEMENT VOUCHER FOR EMPLOYEE FITNESS PROGRAM**

**EMPLOYEE INFORMATION:**

Employee Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Employee SSN\* last four numbers: \_\_\_\_ \_

\* Privacy Act Statement: Executive Order 9397 allows Federal Agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide, when it is used as the employee identification number may mean that payroll accounting cannot be processed.

**MEMBERSHIP INFORMATION:**

Name of Health & Fitness Club participated in: \_\_\_\_\_

Period of Membership (beginning/ending dates): \_\_\_\_\_ / \_\_\_\_\_  
(Semiannually up to annually on a fiscal year basis) Beginning Ending

Total individual "member fees" paid for the membership period: \$\_\_\_\_\_ (Note: The annual membership "reimbursement-allowance" is 100% of actual expense, not to exceed \$200.00 in one fiscal year or \$100.00 for six month usage period.)

**REQUIRED ATTACHMENTS:** For reimbursement, attach a copy of your approved DOE-EMCBC Health & Fitness Application Form, Attachment 1. Include the proof of membership fees paid (Semiannually up to annually on a fiscal year basis), and membership contract if required by the fitness facility.

Forward this completed form with required attachments to the Health & Fitness Administrator at the conclusion of the participation period for processing of payment.

**EMPLOYEE CERTIFICATION:**

I certify that the expenses claimed herein are for the equivalent of an individual membership and are correct and proper. I understand that any reimbursement is considered a taxable fringe benefit which will be included in my earnings statement, and that I am responsible for payment of any taxes. I certify that I have substantially met the EMCBC Health & Fitness Policy requirements during my membership period including but not limited to utilizing the health club/fitness center facilities an average of at least once a week (i.e., minimum 26 times during a usage period).

\_\_\_\_\_  
Employee Signature Date

**APPROVED FOR PAYMENT:**

\_\_\_\_\_  
EMCBC Health & Fitness Administrator Signature Date

***ACCOUNTING CLASSIFICATION – TO BE COMPLETED BY EMCBC FUNDS CONTROL***

CID \_\_\_\_\_ Allot \_\_\_\_\_ FT \_\_\_\_\_

Fin Plan \_\_\_\_\_ B&R \_\_\_\_\_ DCS \_\_\_\_\_

Obj. Class \_\_\_\_\_ ADS# \_\_\_\_\_ XID \_\_\_\_\_

**EMCBC RECORD OF REVISION****DOCUMENT**

If there are changes to the controlled document, the revision number increases by one. Indicate changes by one of the following:

- I** Placing a vertical black line in the margin adjacent to sentence or paragraph that was revised.
- I** Placing the words GENERAL REVISION at the beginning of the text.

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<b>Rev. No.</b>	<b>Description of Changes</b>	<b>Revision on Pages</b>	<b>Date</b>
0	Original Program Description	All	02/07/06
1	Reviewed program description to update with Appropriation Law	Section 5	10/02/08

CONTROLLED DOCUMENT CHANGE REQUEST	
<p>DATE: <u>08/13/08</u></p> <p>INITIATOR: <u>Craig Miller</u></p> <p>INITIATOR PHONE NUMBER: _____</p> <p>DOCUMENT AFFECTED: <u>PD-340-01</u></p> <p>SECTION: _____ PARAGRAPH #: _____</p> <p>CONTROLLED NUMBER : _____ PARAGRAPH #: _____</p> <p>NEW CONTROLLED NUMBER: _____</p> <p>PROPOSED REVISION: <u>Reviewed program description to update with Appropriation Law.</u></p> <p>_____ _____</p> <p>JUSTIFICATION: <u>Two year review.</u></p> <p>_____ _____ _____</p> <p>Requested by: <u>Brent Johansen</u> DATE: _____</p> <p>Approval: _____ Associate Director DATE: _____</p> <p>Assigned to: <u>Craig Miller</u> DUE DATE: _____</p>	



Document Review Record Sheet				
Document Title	<b>Health and Fitness Program Description</b>			
Control Number PD-340-01	Revision No. 1	Date Issued for Review		
The subject document is being submitted for your review, approval or comments. Since this review is controlled, a response is required from all reviewers. Therefore, please return the review sheet with or without comments				
To: L. Chafin	Extension: 60461	By:		
Additional Instructions:				
Reviewer	Approve	Approve w/Comments	Do Not Approve	Signature of Reviewer
B. Fain				
M. Roy				
W. Best				
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H. Taylor				
R. Holland				
T. Brennan				
R. Everson				
T. J. Jackson				
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Comments may be attached to a separate sheet of paper				
<b>APPROVE:</b> Signifies the reviewer's acceptance of the document issued for review.				
<b>APPROVE w/comments:</b> Signifies the reviewer's overall acceptance of the document regarding concept, practice, implementation, provisions and assigned responsibilities. However, the reviewer has suggestions as to the organization of its contents or helpful additions and/or deletions. These comments are termed "non-mandatory comments" and do not require formal resolution between the reviewer and preparer.				
<b>DO NOT APPROVE:</b> Signifies that the reviewer has identified significant problems regarding concept, practice, implementation or responsibilities that render the document unacceptable and/or not in conformance with stated requirements. Such problem areas must be clearly identified by the reviewer. It is mandatory for the preparer to resolve these comments with the reviewer, document the resolution and obtain the reviewers concurrence for the resolution. The reviewer's written concurrence with the resultant change in disposition shall be documented on this form.				
General Review Comments:				
When review is delegated, the designated reviewer shall review and indicate concurrence with the designee's review comments and recommend disposition:				
Designated Reviewer	Concur	Do Not Concur	Signature	Date